

INSTRUCTION: ONLY COMPLETE THE CELL HIGHLIGHTED IN GRAY AS APPLICABLE
(change n/a to a unit price as applicable)

SAP (<250K) WORKSHEET

(Supplies >\$10k, Services >\$2.5k, Construction >\$2k)

PR #:	N4523A-23217923		Vendor 1 Name:	
TCN:	SPMYM222Q0365		POC:	
Priority:	3	DO-DX:	Phone:	
			e-Mail:	(b) (5)
			Fax:	
NAICS/SIC:	315990	Size Standard:	750	Cage Code:
FSC:	8415	Date Closes:	12/9/2022	SAM:
RDD:	2/25/2023	Julian Date:	56	Remit To:

CLIN #	Description	QTY	U/I	UNIT PRICE
1	COVERALLS, XL	420	EA	\$60.00000
2				
3				
4				
5				

Mfg. & Country of Origin :		SILVER NEE	
Solicitation #:	SPMYM223Q0365	Payment Terms:	NET 30
Paying Office:		FOB:	DEST
Invoice To:		FOB Point:	
Tac Code:		Weight:	

(b) (4)		Vendor 2 Name:		(b) (4)	
		POC:			
		Phone:			
		e-Mail:			
		Fax:			
Size:	SMALL BUSINESS	Cage Code:	(b) (4)	Size:	BUSINESS
		SAM:	YES		
Quote Date:	11/22/2022	Remit To:		Quote Date:	12/9/2022
AMOUNT		UNIT PRICE		AMOUNT	
\$25,200.000		\$75.79000		\$31,831.800	
\$0.000				\$0.000	
\$0.000				\$0.000	
\$0.000				\$0.000	
\$0.000				\$0.000	
(b) (4)		(b) (4)			
Total:	\$25,200.00	Payment Terms:	NET 30	Total:	\$31,831.80
Delivery Date:	7-WEEKS ARO	FOB:	DEST	Delivery Date:	7-WEEKS ARO
Shipping Cost:		FOB Point:		Shipping Cost:	
Method:		Weight:		Method:	

Commercial (1449)
Non Commercial (1155) See
market research

Vendor 3 Name:

POC:

Phone:

e-Mail:

Fax:

Cage Code:

SAM:

Remit To:

(b) (4)

(b) (4)

Size:

BUSINESS

YES

Quote Date:

12/8/2022

Vendor 4 Name:

POC:

Phone:

e-Mail:

Fax:

Cage Code:

SAM:

Remit To:

(b) (4)

YES

UNIT PRICE	AMOUNT	UNIT PRICE
\$76.84000	\$32,272.800	\$79.70000
	\$0.000	
	\$0.000	
	\$0.000	
	\$0.000	

SILVER NEEDLE INC, USA

SILVER NE

Payment Terms: NET 30 Total: \$32,272.80
FOB: DEST Delivery Date: NON SPECIFIED
FOB Point: Shipping Cost:
Weight: Method:

Payment Terms: NET 30
FOB: DEST
FOB Point:
Weight:

(b) (4)		Vendor 5 Name:	(b) (4)		
		POC:			
		Phone:			
		e-Mail:			
		Fax:			
Size:	SMALL BUSINESS	Cage Code:	(b) (4)	Size:	SMALL BUSINESS
		SAM:	YES		
Quote Date:	11/8/2022	Remit To:		Quote Date:	12/9/2022

AMOUNT	UNIT PRICE	AMOUNT
\$33,474.000	\$81.25000	\$34,125.000
\$0.000		\$0.000
\$0.000		\$0.000
\$0.000		\$0.000
\$0.000		\$0.000

EDLE INC, USA		SILVER NEEDLE INC, USA	
Total:	\$33,474.00	Payment Terms:	NET 30
Delivery Date:	10-WEEKS ARO	FOB:	DEST
Shipping Cost:		FOB Point:	
Method:		Weight:	
		Total:	\$34,125.00
		Delivery Date:	11-WEEKS ARO
		Shipping Cost:	
		Method:	

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SAP (<250K) WORKSHEET

(Supplies >\$10k, Services >\$2.5k, Construction >\$2k)

PR #:	N4523A-23217923	Vendor 6 Name:	(b) (4)
TCN:	SPMYM222Q0365	POC:	
Priority:	3 DO-DX:	Phone:	
		e-Mail:	
		Fax:	
NAICS/SIC:	315990	Size Standard:	750
FSC:	8415	Date Closes:	12/9/2022
RDD:	2/25/2023	Julian Date:	56
		Cage Code:	
		SAM:	YES
		Remit To:	

CLIN #	Description	QTY	U/I	UNIT PRICE
1	COVERALLS, XL	420	EA	\$82.71000
2				
3				
4				
5				

Mfg. & Country of Origin :		SILVER NE
Solicitation #:		Payment Terms: NET 30
Paying Office:		FOB: DEST
Invoice To:		FOB Point:
Tac Code:		Weight:

(b) (4)		Vendor 7 Name:		(b) (4)	
		POC:			
		Phone:			
		e-Mail:			
		Fax:			
Size:	SMALL BUSINESS	Cage Code:	(b) (4)	Size:	BUSINESS
		SAM:	YES		
Quote Date:	12/5/2022	Remit To:		Quote Date:	12/8/2022
AMOUNT		UNIT PRICE		AMOUNT	
\$34,738.200		\$85.39000		\$35,863.800	
\$0.000				\$0.000	
\$0.000				\$0.000	
\$0.000				\$0.000	
\$0.000				\$0.000	
EDLE IN, USA		SILVER NEEDLE IN, USA			
Total:	\$34,738.20	Payment Terms:	NET 30	Total:	\$35,863.80
Delivery Date:	6-WEEKS ARO	FOB:	DEST	Delivery Date:	4-WEEKS ARO
Shipping Cost:		FOB Point:		Shipping Cost:	
Method:		Weight:		Method:	

Commercial (1449)
Non Commercial (1155) See
market research

Vendor 8 Name:

POC:

Phone:

e-Mail:

Fax:

Cage Code:

SAM:

Remit To:

(b) (4)

Size:

BUSINESS

(b) (4)

YES

Quote Date:

12/8/2022

Vendor 9 Name:

POC:

Phone:

e-Mail:

Fax:

Cage Code:

SAM:

Remit To:

UNIT PRICE

AMOUNT

UNIT PRICE

\$94.90000

\$39,858.000

n/a

\$0.000

\$0.000

\$0.000

\$0.000

Payment Terms:

NET 30

Total:

\$39,858.00

FOB:

DEST

Delivery Date:

5-WEEKS ARO

FOB Point:

Shipping Cost:

Weight:

Method:

Payment Terms:

FOB:

FOB Point:

Weight:

		Vendor 10 Name:			
		POC:			
		Phone:			
		e-Mail:			
		Fax:			
Size:		Cage Code:		Size:	
		SAM:			
Quote Date:		Remit To:		Quote Date:	
AMOUNT		UNIT PRICE		AMOUNT	
#VALUE!		n/a		#VALUE!	
\$0.000				\$0.000	
\$0.000				\$0.000	
\$0.000				\$0.000	
\$0.000				\$0.000	
Total:	#VALUE!	Payment Terms:		Total:	#VALUE!
Delivery Date:		FOB:		Delivery Date:	
Shipping Cost:		FOB Point:		Shipping Cost:	
Method:		Weight:		Method:	

PRICING SUMMARY FROM VENDORS

INSTRUCTION: ONLY COMPLETE THE CELL HIGHLIGHTED IN GRAY		
VENDOR		TECHNICALLY ACCEPTABLE
Vendor 1 Name:		Yes
Vendor 2 Name:		
Vendor 3 Name:		
Vendor 4 Name:		
Vendor 5 Name:		
Vendor 6 Name:		
Vendor 7 Name:		
Vendor 8 Name:		
Vendor 9 Name:		#VALUE!
Vendor 10 Name:		#VALUE!
Vendor 11 Name:		#VALUE!
Vendor 12 Name:		#VALUE!
Vendor 13 Name:		#VALUE!
Vendor 14 Name:		#VALUE!
Vendor 15 Name:		#VALUE!